

**Foster Care****Definition/  
cut-off value**


---

Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.

---

**Participant  
category and  
priority level**

<b>Category</b>	<b>Priority</b>
Pregnant Women	IV
Breastfeeding Women	IV
Non-Breastfeeding Women	VI
Infants	IV
Children	V

---

**Justification**

“Foster children are among the most vulnerable individuals in the welfare system. As a group, they are sicker than homeless children and children living in the poorest sections of inner cities.” This statement from a 1995 Government Accounting Office report on the health status of foster children confirms research findings that foster children have a high frequency of mental and physical problems, often the result of abuse and neglect suffered prior to entry into the foster care system. When compared to other Medicaid-eligible children, foster care children have higher rates of chronic conditions such as asthma, diabetes and seizure disorders. They are also more likely than children in the general population to have birth defects, inadequate nutrition and growth retardation including short stature.

Studies focusing on the health of foster children often point out the inadequacy of the foster care system in evaluating the health status and providing follow-up care for the children for whom the system is responsible. Because foster care children are wards of a system which lacks a comprehensive health component, the social and medical histories of foster children in transition, either entering the system or moving from one foster care home to another, are frequently unknown to the adults applying for WIC benefits for the children. For example, the adult accompanying a foster child to a WIC benefits for a first-time certification may have no knowledge of the child’s eating patterns, special dietary needs, chronic illnesses or other factors which would qualify the child for WIC. Without any anthropometric history, failure to grow, often a problem for foster children, may not be diagnosed even by a single low cutoff percentile.

Since a high proportion of foster care children have suffered from neglect, abuse or abandonment and the health problems associated with these, entry into foster care or moving from one foster care home to another during the previous six months is a nutritional risk for certification in the WIC Program. Certifiers using this risk should be diligent in evaluating and documenting the

---

**Justification (cont)** health and nutritional status of the foster child to identify other risks as well as problems that may require follow-up or referral to other health care programs. This nutritional risk cannot be used for consecutive certifications while the child remains in the same foster home. It should be used as the sole risk criterion only if careful assessment of the applicant's nutritional status indicates that no other risks based on anthropometric, medical or nutritional risk criteria can be identified.

The nutritional education, referrals and service coordination provided by WIC will support the foster parent in developing the skills and knowledge to ensure that the foster child receives appropriate nutrition and health care. Since a foster parent frequently has inadequate information about a new foster child's health needs, the WIC nutritionist can alert the foster parent to the nutritional risks that many foster care children have and suggest ways to improve the child's nutritional status.

---

**Clarifications/  
Guidelines** A complete anthropometric, medical and nutritional assessment must be performed on all participants who have entered a foster care setting within the previous six months. This risk criteria can be used in conjunction with other risk criteria, or it may be the sole risk criterion if no other risk conditions are identified.

---

- References**
1. American Medical News: American's Sickest Children; January 10, 1994; 15-19.
  2. Chernoff, Robin, et al: Assessing the Health Status of Children Entering Foster Care; Pediatrics Vol. 93., No. 4; April 1994; 594-600.
  3. DuRouseau, Pamela C., et al: Children in Foster Care: Are they at nutritional risk?; Research and Professional Briefs; Vol. 91, No. 1; January 1991; 83-85.
  4. Government Accounting Office: Foster Care - Health Needs of Many Young Children Are Unknown and Unmet; GAO/HEHS; 95-114; May 1995.
  5. Halfon, Neal, et al: Health Status of Children in Foster Care; Archives of Pediatric and Adolescent Medicine; Vol. 149; April 1995; 386-92.
  6. Schor, Edward: The Foster Care System and Health Status of Foster Children; Pediatrics Vol. 69, No. 5; May 1982; 521-27.
  7. Takayama, John I., et al: Relationship Between Reason for Placement and Medical Findings Among Children in Foster Care; Pediatrics Vol. 101, No. 2; February 1998; 201-7.
-

**References (cont)**

8. Wyatt, David T., et al: Widespread Growth Retardation and Variable Growth Recovery in Foster Children in the First Year After Initial Placement; Archives of Pediatric and Adolescent Medicine Vol. 151; August 1997; 813-16.